



<mmmm dd, yyyy>

<NAME>  
<ADDRESS>  
<CITY STATE ZIP >

I.D. #: \*SSN\*

Dear <Name>:

Basic Health (BH) records show the dependent listed below is or will be between the ages of 19 and 22 in <month>.

<MEMBER NAME>

**Important:** To keep this dependent on your BH account, BH must **receive proof that (s)he is enrolled full time** in an accredited school. This can be a statement from the registrar's office or a class schedule showing full-time enrollment for the current period. This documentation must be received within 20 days of the date on this letter.

**You must** notify BH if your dependent student leaves school or is no longer enrolled full time. Failure to notify BH of changes may be considered intentional withholding of information and may cause you and your family members to lose coverage. If your dependent continues to be a full-time student, you should keep proof of his or her status each school period. You may be required to provide documentation to BH at a later date.

If your dependent is not a full-time student or you do not send the required documentation within 20 days of the date on this letter, **(s)he will be disenrolled and removed from your account effective 12:01 a.m. on <mm/dd/yy>.** (S)he may apply for coverage under his or her own account by completing and returning the enclosed application, and all required documentation. If your dependent is removed from your account and does not establish his or her own account, (s)he will have a break in coverage and may have to wait to re-enroll until space is available.

Removing your dependent from your account may cause a change in your premium or eligibility for BH. You will be sent written notice of any change.

If you disagree with a decision made by BH, or believe an action taken on your account was incorrect, please refer to the enclosed letter for complete instructions on how to resolve the issue. Please be sure to follow the instructions completely to maintain your appeal rights.

If you have questions, please call us at 1-800-660-9840.

Sincerely,

*Basic Health*

*Enclosures*

Washington State Health Care Authority  
P.O. Box 42683 • Olympia, WA 98504-2683  
1-800-660-9840 • FAX 360-923-2610 • TTY 360-923-2701 or Toll-free 1-888-923-5622 • [www.basicealth.hca.wa.gov](http://www.basicealth.hca.wa.gov)